Notice of Exempt
Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL
OMB Number: 3235-0076
Expires: January 31, 2009
Estimated average burden hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

tem 1. issuer's identity						
Name of Issuer	Previous Name(0)	None	Entity Type (Select one)			
Sustainable Woodlands Fund II, L.P.	Previous Name(s)		Corporation			
Jurisdiction of Incorporation/Organization		2	Limited Partnership			
Delaware	WAIT		Limited Liability Company			
Year of Incorporation/Organization (Select one)	THCMSON		General Partnership Business Trust Other (Specify)			
Over Five Years Ago Within Last Five Years (specify year)	2006 Ye	to Be Formed	117 2009			
• • • • • • • • • • • • • • • • • • • •	this box and identify	additional issuer(s) b	v attachina Itèms 1 and 2 Continuation Page(s).)			
(If more than one issuer is filing this notice, check Item 2. Principal Place of Business and	Contact Informat	ion	LVD			
Street Address 1		Street Address 2				
4265 San Felipe, 8th Floor						
`	ite/Province/Country	ZIP/Postal Code	Phone No.			
Houston	xas	77027	713-993-4675			
tem 3. Related Persons						
Last Name	First Name		Middle Name			
Sherman	Arthur		Haag			
Street Address 1	–	Street Address 2				
4265 San Felipe, 8th Floor						
City Stat	e/Province/Country	ZIP/Postal Code	1511/4 01/6 55/4 01/6 11/4 11/6 54/4 11/6 11/6			
Houston Tex	as	77027	1142/4 900 414/4 900 11/4 11/4 11/4 11/4 11/4			
Relationship(s): X Executive Officer X D	rirector Promoter		09002973			
Clarification of Response (if Necessary)						
			[V]			
ldentify ac tem 4. Industry Group (Select one)	•	s by checking this box	and attaching Item 3 Continuation Page(s).)			
Agriculture		Services	Construction			
Banking and Financial Services	Energy		REITS & Finance			
Commercial Banking	Elect	ric Utilities gy Conservation	Residential			
Insurance	Ž		Other Real Estate			
Investment Banking	ੁ	Mining onmental Services	Retailing			
Investment Banking	<u> </u>		Restaurants			
Pooled Investment Fund	Oll &	Gas r Energy	Technology			
If selecting this Industry group, also select on type below and answer the question below:	<u> </u>	-	Computers			
○ Hedge Fund	Health C	a re chnology	Telecommunications			
Private Equity Fund	\subseteq	h Insurance	Other Technology			
Venture Capital Fund	\subseteq	itals & Physcians	Travel			
Other Investment Fund	<u> </u>	naceuticals	Airlines & Airports			
Is the issuer registered as an investmen	. ~	r Health Care	Lodging & Conventions			
company under the Investment Compa Act of 1940? Yes No	Manufac		Tourism & Travel Services			
Other Banking & Financial Services	Real Esta		Other Travel			
-	Com	mercial	Other			

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Item 5. Issuer Size (Select one)

	Samuel New Secret Value Dames (for increase
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in
Ala Paramura	OR Item 4 above)
No Revenues \$1 - \$1,000,000	No Aggregate Net Asset Value
\$1.000,000	\$1 - \$5,000,000
0	\$5,000,001 - \$25,000,000
	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
Decline to Disclose	Decline to Disclose
Not Applicable	Not Applicable
Item 6. Federal Exemptions and Exclusions Clai	med (Select all that apply)
	vestment Company Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1) Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c)(2) Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(c)(3) Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3(c)(4) Section 3(c)(12)
Rule 505	Section 3(c)(5) Section 3(c)(13)
Rule 506	Section 3(c)(6) Section 3(c)(14)
Securities Act Section 4(6)	
	•
Item 7. Type of Filing	
○ New Notice OR	
Date of First Sale in this Offering: January, 2007	OR First Sale Yet to Occur
January, 2007	OR
Item 8. Duration of Offering	
Does the issuer intend this offering to last more than	one year? 🔀 Yes 🗌 No
Item 9. Type(s) of Securities Offered (Select a	ill that apply)
	Pooled Investment Fund Interests
	Tenant-in-Common Securities
☐ Debt	
Option, Warrant or Other Right to Acquire	Mineral Property Securities
Another Security	Other (Describe)
Security to be Acquired Upon Exercise of Option,	
Warrant or Other Right to Acquire Security	
Item 10. Business Combination Transaction	
Is this offering being made in connection with a busine transaction, such as a merger, acquisition or exchange offer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Clarification of Response (if Necessary)	

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Ite	m 11. l	Minimu	m Inves	tment																
ħ	/linimum	n investme	ent accepte	ed from a	ny outs	side ir	ives	itor	\$	2,000,	.00	0, subje	ect to	Genei	ral Partn	er wai	ver			
Ite	m 12.	Sales C	ompens	ation																
Reci	pient					·				Recip	ien	t CRD N	lumbe	er						
Wel	Wells Fargo Investments, LLC									10582 No CRD Number									,	
Ass	ociated)	Broker or (Dealer		None					(Asso	cia	ted) Bro	ker or	Deale	r CRD Nu	mber				
Eric	Broili									2540	93	3					□ '	No CRD	Number	
Stre	et Addr	ess 1							_	Street	Ad	dress 2								_
534	10 Kietz	ke Ln., 1s1	t Floor, Su	ite 101						<u> </u>	_									
City	<u> </u>					_		te/Provi	ince	/Counti	ry 			Code						
Rei							Nev	vada				895	11							
Sta		olicitation		II States		<u></u>		1.00	_	<u></u>	_	l ne	 ,	DC [Α [Hi		<u></u>
] AL] IL	∏AK ☐ IN	□AZ □IA	AR KS		CA KY		CO LA	+	CT ME		DE MD	=-	AA [FL_MI	_=	N [MS	_ <u></u>	
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	RI	☐ SC	SD	☐ TN		TX		UΤ	_	VT		VA		VA [] w	v	•	WY	P	
Ite	em 13.		entify additing and S		noun	ts														
	(a) Tota	l Offering	Amount		\$ 30	0,000	,000	0							OR		Indefi	nite		
	(b) Tota	I Amount	Sold		\$ 13	9,678	,000	0												
	(Su	btract (a) fr	ng to be S om (b)) sponse (if N		\$ 16	0,322	,000	0							OR		Indefi	nite		
-		Investo	ors	s in the off	foring h	anua b	.000	or man	, ha s	rold to	Dar	sone wh	o do r	not qui	alify as ac	credite	d inve	sctors ar	nd enter	the
	number	of such no	on-accredit	ed investo	rs who	alrea	dy h	ave inv	este	d in the	e of	fering: 								
	Enter th	e total nur	nber of inv	estors wh	o alrea	dy hav	ve in	ivested	in tr	ne offer	ing	: [1	25	<u>-</u> .						
Ite	m 15.	Sales (Commis	sions a	nd Fi	nde	rs'	Fees	Ex	pense	es									
			the amour		s comm	nission	ns ar	nd finde	ers' fo	ees exp	ens	ses, if ar	ny. If a	an amo	ount is no	t know	n, pro	vide an	estimate	e and
									9	Sales Co	mı	missions	s \$ O					Esti	nate	
(Clarificat	ion of Res	ponse (if Ne	cessary)						Fi	nde	ers' Fees	\$ 0					Estir	mate	

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Item 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been or is used for payments to any of the persons required to be named as ex directors or promoters in response to item 3 above. If the amount is unknestimate and checkthe box next to the amount.	ecutive officers, \$ 0,000,000
Clarification of Response (If Necessary)	
The general partner charges a 1.00% management fee ar	nd a performance fee applicable to returns above a hurdle rate.
Signature and Submission	
Please verify the information you have entered and review the Te	erms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each ide	entified issuer is:
the State in which the issuer maintains its principal place of bus process, and agreeing that these persons may accept service of such service may be made by registered or certified mail, in any against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the provisions of: (i) the Securities Act of 1933, the Securities Excha Company Act of 1940, or the investment Advisers Act of 1940, or State in which the issuer maintains its principal place of busine	ice with applicable law, the information furnished to offerees." Cland the Securities Administrator or other legally designated officer of silness and any State in which this notice is filed, as its agents for service of in its behalf, of any notice, process or pleading, and further agreeing that its behalf, of any notice, process or pleading, or arbitration brought United States, if the action, proceeding or arbitration (a) arises out of any subject of this notice, and (b) is founded, directly or indirectly, upon the inge Act of 1934, the Trust Indenture Act of 1939, the investment or any rule or regulation under any of these statutes; or (ii) the laws of the
110 Stat. 3416 (Oct. 11, 1996)) imposes on the ability of States to require covered securities" for purposes of NSMIA, whether in all instances or routinely require offering materials under this undertaking or otherwise so under NSMIA's preservation of their anti-fraud authority. Each identified issuer has read this notice, knows the contents	onal Securities Markets improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, re information. As a result, if the securities that are the subject of this Form D are due to the nature of the offering that is the subject of this Form D, States cannot se and can require offering materials only to the extent NSMIA permits them to do to be true, and has duly caused this notice to be signed on its behalf by the attach Signature Continuation Pages for signatures of issuers identified
issuer(s)	Name of Signer
Sustainable Woodlands Fungill, L.P.	Sustainable Woodlands Partners, L.L.C., general partner of
Signature	Sustainable Woodlands Fund II, L.P.
A. Haag Sherman	Authorized Agent of Sustainable Woodlands Partners, L.L.C., general partner of Sustainable Woodlands Fund II
Number of continuation pages attached: 4	Feb. 13 ,2009 L.P

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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Item 3 Continuation Page

ast Name	First Name		Middle Name	
inbeck	Andrew		Baird	
treet Address 1		Street Address 2		
265 San Felipe, 8th Floor				
ity	State/Province/Country	ZIP/Postal Code		
louston	Texas	77027		
elationship(s): X Executive Office	er 🕱 Director 🔲 Promoter			
				_
_ast Name	First Name		Middle Name	
Lyle	Robert		Lewis	
treet Address 1		Street Address 2		
554 North State Street				
ity	State/Province/Country	ZIP/Postal Code		
	Mississippi	39202		
ackson		J		
ackson	or V Director T Promoter			
Relationship(s): X Executive Offic			Middle Name	
Relationship(s): X Executive Office		Street Address 2	Middle Name Thomason	
Relationship(s): X Executive Office Clarification of Response (if Necessary) Last Name McCree Street Address 1	First Name	Street Address 2		
Relationship(s): X Executive Office Clarification of Response (if Necessary) Last Name McCree Street Address 1 119 South President St., 2nd Floor	First Name	Street Address 2 ZIP/Postal Code		
Relationship(s): X Executive Office Clarification of Response (if Necessary) Last Name McCree Street Address 1	First Name Michael			
Relationship(s): X Executive Office Clarification of Response (if Necessary) Last Name McCree Street Address 1 119 South President St., 2nd Floor City ackson	First Name Michael State/Province/Country Mississippi	ZIP/Postal Code 39201		-
Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name McCree Street Address 1 119 South President St., 2nd Floor City ackson Relationship(s): Executive Office	First Name Michael State/Province/Country Mississippi Let X Director Promoter	ZIP/Postal Code 39201		
Relationship(s): X Executive Office Clarification of Response (if Necessary) Last Name McCree Street Address 1 119 South President St., 2nd Floor City ackson	First Name Michael State/Province/Country Mississippi Let X Director Promoter	ZIP/Postal Code 39201		
Relationship(s): X Executive Office Clarification of Response (if Necessary) Last Name McCree Street Address 1 119 South President St., 2nd Floor City ackson Relationship(s): X Executive Office Clarification of Response (if Necessary)	First Name Michael State/Province/Country Mississippi Director Promoter	ZIP/Postal Code 39201	Thomason	
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Relationship(s): X Executive Office Clarification of Response (if Necessary) Last Name McCree Street Address 1 119 South President St., 2nd Floor City ackson Relationship(s): X Executive Office Clarification of Response (if Necessary) Last Name Molpus	First Name Michael State/Province/Country Mississippi Director Promoter	ZIP/Postal Code 39201	Thomason	
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Relationship(s): X Executive Office Clarification of Response (if Necessary) Last Name McCree Street Address 1 119 South President St., 2nd Floor City ackson Relationship(s): X Executive Office Clarification of Response (if Necessary) Last Name Molpus Street Address 1 554 North State Street City	First Name Michael State/Province/Country Mississippi Promoter First Name Dick State/Province/Country	ZIP/Postal Code 39201 Street Address 2 ZIP/Postal Code	Thomason Middle Name	
Relationship(s): X Executive Office Clarification of Response (if Necessary) Last Name McCree Street Address 1 19 South President St., 2nd Floor City ackson Relationship(s): X Executive Office Clarification of Response (if Necessary) Last Name Molpus Street Address 1 554 North State Street City lackson	First Name Michael State/Province/Country Mississippi First Name Dick State/Province/Country Mississippi	ZIP/Postal Code 39201 Street Address 2 ZIP/Postal Code 39202	Thomason Middle Name	
Relationship(s): X Executive Office Clarification of Response (if Necessary) Last Name McCree Street Address 1 119 South President St., 2nd Floor City ackson Relationship(s): X Executive Office Clarification of Response (if Necessary) Last Name Molpus Street Address 1 554 North State Street City	First Name Michael State/Province/Country Mississippi First Name Dick State/Province/Country Mississippi State/Province/Country Mississippi State/Province/Country Mississippi State/Province/Country Mississippi State/Province/Country Mississippi State/Province/Country Mississippi State/Province/Country Mississippi	ZIP/Postal Code 39201 Street Address 2 ZIP/Postal Code 39202	Thomason Middle Name	

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Item 3 Continuation Page

Item 3. Related Persons (Continued) Last Name First Name Middle Name Elton Winstead Terrell Street Address 2 Street Address 1 654 North State Street State/Province/Country ZIP/Postal Code City Mississippi 39202 Jackson X Executive Officer X Director Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Andrew David Scott Street Address 2 Street Address 1 119 South President St., 2nd Floor State/Province/Country ZiP/Postal Code City 39201 Mississippi Jackson Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Street Address 2 Street Address 1 State/Province/Country ZIP/Postal Code City Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Street Address 2 Street Address 1 City State/Province/Country ZIP/Postal Code Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary)

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Item 12 Continuation Page

Item 12. Sales Compensation (Continued)

Recipient	Recipient CRD Number								
Wells Fargo Investments, LLC	10582 No CRD Number								
Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number								
Stephen Scholler	2538987 No CRD Number								
Street Address 1	Street Address 2								
146 Monroe Ctr., Suite 1000									
City State/Provinc	re/Country ZIP/Postal Code								
Grand Rapids Michigan	49503								
States of Solicitation All States AL AK AZ AR CA CO IL IN IA KS KY LA MT NE NV NH NU NM RI SC SD TN TX UT	CT								
Recipient	Recipient CRD Number								
Wells Fargo Investments, LLC	10582 No CRD Number								
(Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number								
John Murtha	2353973								
Street Address 1	Street Address 2								
700 South Water Street									
City State/Province	re/Country ZIP/Postal Code								
Northfield Minnesota	55057								
States of Solicitation All States AL AK AZ AR CA CO IL IN IA KS KY LA MT NE NV NH NJ NM RI SC SD TN TX UT	CT DE DC FL GA HI ID ME MD MA MI MN MS MO NY NC ND OH OK OR PA VT VA WA WV WI WY PR								

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Item 12 Continuation Page

Item 12. Sales Compensation (Continued)

Desirient						Posi	pient CRD i	Number							
Recipient							<u> </u>			☐ No CPD Number					
Wells Farg							10582 No CRD Number								
(Associated) Broker or Dealer None							(Associated) Broker or Dealer CRD Number								
Jeffrey T. Grubb							2494536 No CRD Number								
Street Add	ress 1					Stre	et Address :	2							
11665 SW	Lynnridge	e Ave.					•								
City					State/Pro	vince/Cou	ntry ZII	P/Postal Co	ode						
Portland					Oregon		97	225							
IL RI	☐ AK ☐ IN ☐ SC	☐ AZ ☐ IA ☐ SV ☐ SD	☐ KS ☐ KS ☐ TN	☐ (©A) ☐ KY ☐ TX	© LA LA NW UT	ME ME	MD MC	MA DWA	□ MI □ WV	GA MN OK WI	□ ∰: □ MS 区 QX □ WY	MO PR			
Recipient (Associated	d) Broker or	Dealer		None			ipient CRD i		aler CRD Nu	mber] No CRD N				
Street Add	ress 1					L	et Address	2		\] 110 (110 11	umber			
City					State/Pro	vince/Cou	ntry ZII	P/Postal Co	ode			J			
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